

Updated April 22, 2022

DMHAS HOSPITAL ADMISSION PROTOCOL

When we admit new patients what should we do to ensure they don't bring COVID-19 infection to our unit?

- A) In general, all new admissions should be tested for COVID-19 at admission. Admissions from another hospital or DOC should also be tested for COVID-19 at the referring hospital within 72 hours (if possible) before transfer.
- B) Regarding new admissions:
 - Unvaccinated patients or patients fully vaccinated but not boosted (over 5 months ago for Pfizer/Moderna or over 2 months for J&J) should be quarantined at least until the result of the test done on the day of admission (day 1) is obtained. Those that test positive will be placed in appropriate isolation space. Those that test negative will be placed in quarantine for 5 full days. Re-test patients on day 4, if still negative, discontinue quarantine on day 6 and place patient on designated unit.
 - Repeat testing on day 8, while patient is on the unit. If negative, no more testing is indicated.
 - Fully vaccinated patients (if within 5 months for Pfizer/Moderna, and 2 months for J&J) and Boosted patients do not need quarantine if they test negative on admission.
 - Patients within 90 days of recovery from COVID infection do not need quarantine.
 - *Note: On admission units/space, all new admits are considered PUIs and immediately placed in quarantine pending the result of their covid test. They are quarantined in single rooms, isolated from each other. Staff interact with them wearing full protective gear (PPE). If result comes back positive, the individual is removed from the unit and moved to the isolation unit for treatment. Therefore, the only contaminated space is the room occupied by the positive patient, the whole unit being unexposed. The room should be cleaned and disinfected and left empty for approximately 24 hrs., after which it should be ready for use. **There is no need to quarantine the unit under such circumstances.***

Adapted from: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

[COVID-19 Quarantine and Isolation | CDC](#)

- C) If cohorting of patients have occurred in response to an outbreak of COVID-19 infection, new admissions will be tested and placed on a unit commensurate with the result of the tests.

- D) For patients transferred from an acute care hospital or DOC, who had been in those facilities for longer than two consecutive weeks and tested COVID-19 negative just before and soon after admission to DMHAS hospital facility, an alternative process may be appropriate. If there has not been a recorded COVID infection on the referring unit for at least one month, the patient could be admitted directly to a DMHAS hospital unit without admission quarantine after discussion with the DMHAS Medical Director. Testing requirements are as stated in A.
- E) At any time if a newly admitted patient who has tested negative for COVID-19 cannot remain in quarantine due to clinical or physical space issues, a consultation with the DMHAS Medical Director will be requested. Upon review the Medical Director will determine, based on the level of risk to the patient and others on the unit, whether the patient needs to remain in quarantine for the remainder of the 10 days, and/or if there is a need to conduct more frequent COVID -19 testing of the patient as well as other patients and staff on the unit. The rationale for the decision will be documented in the patient Medical Record. For example, usual quarantine or isolation measures may be challenging for an acutely psychotic or aggressive patient.
- F) In general, new admits should not be admitted to an inpatient ward or unit that is on COVID quarantine due to exposure. However, there are instances where it would be clinically appropriate to admit into those units. These include (but not limited to):
 - Patients who are within 90 days of recovery from COVID infection
 - Fully vaccinated, if within 5 months for Pfizer and Moderna, or 2 months for J&J
 - Fully vaccinated and boosted patients
 - Patients with confirmed exposure to COVID positive individuals in the community, acute care hospital or DOC - cohorting

In these situations, and certain others, exceptions to this protocol can be made after discussion with the DMHAS Medical Director.

Note: In all situations, the following additional interventions will apply:

- Monitoring for symptoms of COVID-19 every shift
- Vital signs, including temp and pulse ox, every shift
- Facemask worn by staff and patient (if possible)
- Frequent hand hygiene
- Face shield or eye goggles worn by staff working with new admits - Per CDC, eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID SYMPTOMS include (but not limited to the following):

- Fever or chills
- Cough, Congestion or runny nose, Sore throat
- Shortness of breath or difficulty breathing
- Fatigue, Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting, Diarrhea